



Law offices of DODDS & ASSOCIATES

www.doddsassociates.com E-mail:j.dodds@doddsassociates.com 1707 N. St., NW, Washington DC 20036 Tel:(202)463-3275 Cellular (202) 276-1289 Fax (202) 463-3278

VIA CERTIFIED MAIL

Washington, February 22, 2005

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Re:

Application No. 10/602,202

Filing Date: 06/24/2003

Inventor: Claudio Bruno Castillon Levano

Examiner: Thompson, Jewel Vergie

Art Unit: 2855

Payment of additional fee

Dear Examiner Thompson,

As per notice dated January 25, 2005, I enclose a check for \$100.00 to cover the requested payment for one additional independent claim.

I look forward to receiving confirmation that the amendment of December 29, 2004 has been entered.

Yours truly,

John Dodds

Patent Attorney

Cc:

Pontificia Universidad Catolica del Peru

02/25/2005 SFELEKE1 00000005 10602202

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Date 02/22/2005

Under the Panerwo	rk Reduction Act of 19	95 no persons are	e required to re	aspond to a collection	on of infon	mation unless i	t displays a	a valid OMB control number
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nu	10/602202)/602202		
FEE TRANSMITTAL				Filing Date	06/24/2003	24/2003		
For FY 2005				First Named Inventor		Claudio Bruno Castillon Levano		
Applicant cla	ims small entity stat	us. See 37 CFF	R 1.27	Examiner Name Thomp			, Jewel \	/ergie
				Art Unit		2855		
TOTAL AMOUNT	TOTAL AMOUNT OF PAYMENT (\$) 100.00 Attorney Docket No.							
METHOD OF P	AYMENT (check	all that apply)						
Check	Credit Card	Money Orde	r No	ne Other	(please id	entify):		
Deposit Ac	count Deposit Acco	ount Number:		Deposit A	Account N	ame:		
	ove-identified depos							
✓ Cha	rge fee(s) indicated	below		Char	ge fee(s) indicated be	elow, exce	ept for the filing fee
Cha	erge any additional f	ee(s) or underpa	ayments of fe	ee(s) Cred	dit any ov	erpayments		
WARNING: Informa	er 37 CFR 1.16 and tion on this form may	become public.	Credit card in	formation should	not be inc	luded on this	form. Pro	vide credit card
information and aut	horization on PTO-20	38.						
FEE CALCULA								
1. BASIC FILIN	G, SEARCH, AN	D EXAMINAT I G FEES	ION FEES	RCH FEES	FΥΔΙ	MINATION	FFFS	
		Small Entity		Small Entity		Small E	ntity	Eage Daid (\$)
Application T		Fee (\$)	Fee (S			(\$) Fee		Fees Paid (\$)
Utility	300	150	500	250	20			
Design	200	100	100	50	13			
Plant	200	100	300	150	16			-
Reissue	300	150	500	250	60			
Provisional	200	100	0	0		0 0		
2. EXCESS CL						<u>Fe</u>	<u>e (\$)</u>	Small Entity Fee (\$)
Fee Description Each claim over 20 (including Reissues) 50 25						25		
Each indepe				200	100			
Multiple dependent claims				D-14/61		_	160 Itinla Dan	180 pendent Claims
Total Claims	Extra CI		(<u>\$)</u> <u>Fe</u> =	e Paid (\$)			itipie Der ee (\$)	Fee Paid (\$)
	0 or HP = nber of total claims pai	d for, if greater tha	n 20.				_	
Indep. Claims	Extra Cl	<u>aims</u> <u>Fee</u>	<u>(\$) Fe</u>	e Paid (\$)				
HP = highest number of independent claims paid for, if greater than 3.								
A A D D LICATIO	NI CIZE EEE			, , , ,	1		d	00 on 00mmutor
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings un	listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereor Fee \$1 Fee Fait \$3								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge):								
							-	
SUBMITTED BY	10			Registration No	45500		Telephon	e (202) 463-3275
Signature	you			(Attorney/Agent)	45533		. 5.50011	- (202) 403-32/3

Name (Print/Type) John Dodds This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



United States Patent and Trauemark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

	FIRST NAMED INVENTOR	: ATTORNEY DOCKET NO.	CONFIRMATION NO.
APPLICATION NO. FILING DATE 10/602 202 06/24/2003	Claudio Bruno Castillon Levano	Castillon Levano 1	2214
7590 01/25/2005	•	EXAMI THOMPSON, JE	
John Dodds 1707 N St. NW Washington, DC 20036		ART UNIT 2855	PAPER NUMBER
FEB 2 4 2005 Washington, DC 20030		DATE MAILED: 01/25/200	5

Please find below and/or attached an Office communication concerning this application or proceeding.



UNITED STATES DEPARTMENT OF COMMERCE Patent and Trademark Office

ART UNIT

DATE MAILED:

PAPER NUMBER

All or	Address: CDMMISSIONER Washington, D.	Washington, D.C. 20231				
FIF	RST NAMED APPLICANT	ATTORNEY DOCKET NO.				
						
	[EVAMINED				
	¬	EXAMINER				

SERIAL NUMBER

PTOL-319 (REV. 3-82)

INFORMALITY RE PAYMENT OF FEE

FILING DATE

The informality regarding the payment of the fee in connection with the original filing fee the amendment filed is indicated below.
A. FEE DUE
The amendment is considered incomplete in that the funds in Deposit Account No
2. The amendment is considered an incomplete response, in that payment of \$ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.
The filing fee of \$ submitted in this application is insufficient.
A balance of \$ 100. is due for additional claims.
5.
APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE, OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE OF \$ 100,00.
B. EXCESS PAYMENT:
5. It is noted that payment of \$ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.
This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

PTO/SB/06 (08-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
o a collection of information unless it displays a valid OMB control pumber.

Und	PATE	NT APPLIC	ATION	FEE DETER	RMINATION	RECORD		Application	on or Docket Nu	702
CLAIMS AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY						ENTITY	OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NUMBER EXTRA				RATE	FEE		RATE	FEE		
	C FEE FR 1.16(a))						\$	OR		s
TOTA	L CLAIMS FR 1.16(c))	10	minus 20	<u>.</u>		x \$=		OR	x s=	
INDE	PENDENT CLAIM FR 1.16(b))	is 2	minus 3	<u>.</u> .		x s=		OR	x s =	
		NT CLAIM PRESEN		7 CFR 1.16(d))		+ s =		OR	+5 =	
		olumn 1 is less tha		ter "0" in column 2		TOTAL		OR	TOTAL	
11 (1)							· · · · · · · · · · · · · · · · · · ·	•		·
	CL	AIMS AS AME	こいしとし	- PARTII				OR	OTHER	R THAN
		(Column 1)	· ———	(Column 2)	(Column 3)	SMALL	ENTITY	1		ENTITY
AMENDMENT A	12-29-04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE'		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	7	Minus		s	x s <u>0</u> 5 =		OR	× s <u>50</u> =	
N N	Independent (37 CFR 1.16(b))	. 7	Minus	(A)	= /	==	100	OR	× s <u>a</u> 000_ =	
AM	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDS	ENT CLAIM (37 CF	R 1.16(d))	+5 =		OR	+5 =	
			•			TOTAL ADD'L FEE	1000	OR	TOTAL ADD'L FEE	
	<i>!</i>	(Column 1)		(Column 2)	(Column 3)			_		
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	•	Minus	••	=	x s=		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x \$=		OR	x s=	
AM	FIRST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	R 1.16(d))	+ 5 =		OR	+.S =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Co¹umn-3)			-		
ENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAUE	ADDI- HOMAL FEE		PATE	
	Total (37 CFR (18(c))	·	Menus		=	*			. !!	
	Independent (37 CFR 1.16(b))		Minus		=	× S =		OR .	, <u>5</u> =	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))				+ 5 =		OR	+ 5 ===		
					TOTAL ADD'L FEE		OR.	TOTAL ADD'L FEE		
	• If the entry in o	olumn 1 is less the Number Previous	an the enti	ry in column 2, wri	te "0" in coluinn is less than 20.	3. enter "20"				

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fine rand by the public which is to fine rand by the complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2